

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No.

Primary Registration District No.

(No. *Ed. Route City Hospital #1*)

File No.

Registered No.

St. Ward)

FEB 8 1937

791

1003

4003

1045

2. FULL NAME *MICHAEL GALLAGHER*

(a) Residence, No. *NO HOME* St. *X* Ward. *1*

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *MALE* 4. COLOR OR RACE *WHITE* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *MARRIED*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *IRENE GALLAGHER*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *JUNE 3, 1888*

7. AGE YEARS *48* MONTHS *7* DAYS *18* If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *COMMON LABORER* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *SAW MILL* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) *ST. LOUIS, MO.* (STATE OR COUNTRY)

FATHER 13. NAME *JOHN GALLAGHER*

14. BIRTHPLACE (CITY OR TOWN) *IRELAND* (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME *MARGARET KIRBY*

16. BIRTHPLACE (CITY OR TOWN) *IRELAND* (STATE OR COUNTRY)

17. INFORMANT *JOHN GALLAGHER* (ADDRESS) *1450 N. CASS AVE*

18. BURIAL, CREMATION, OR REMOVAL PLACE *CALVARY CEMETERY* DATE *JAN. 25, 1937*

19. UNDERTAKER *Goodhart & Goodhart* (ADDRESS) *2228 S. BROADWAY*

20. FILED *JAN 28 1937* *J. Bredbeck* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1/21/1937*

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at *9:00 P.M.*

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
Emphysema of Lungs
Chronic Myocarditis

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) *Joseph M. Lynam, M.D.*

(Address) *County, Missouri*

